WAUBONSIE MENTAL HEALTH CENTER

INDEPENDENT AUDITOR'S REPORT FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2014 AND 2013

WAUBONSIE MENTAL HEALTH CENTER

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WAUBONSIE MENTAL HEALTH CENTER Officials June 30, 2014

Board of Directors:	Address	Term Expires
Kirk Requist, Chairperson	Stanton, Iowa	2014
Elaine Armstrong, Vice-Chairperson	Clarinda, Iowa	2016
Thomas Clark, Secretary/Treasurer	Tabor, Iowa	2016
Randy Hickey	Thurman, Iowa	2015
Sharon Yahnke	Sidney, Iowa	2015
Rex Galloway	Villisca, Iowa	2016
Randy Tye	Elliott, Iowa	2016
Nancy Jaeckel	Essex, Iowa	2015
Ray James (Appointed October, 2013)	Clarinda, Iowa	2015
Executive Director:		
Mary Anne Gibson	Coin, Iowa	

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MARK D. KYHNN DAVID L. HANNASCH KENNETH P. TEGELS CHRISTOPHER J. NELSON DAVID A. GINTHER

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Waubonsie Mental Health Center Clarinda, Iowa

Report on the Financial Statements

We have audited the accompanying statements of financial position of Waubonsie Mental Health Center as of June 30, 2014 and 2013, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America: this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Center's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Waubonsie Mental Health Center as of June 30, 2014 and 2013, and the changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise Waubonsie Mental Health Center's basic financial statements. The supplementary information on pages 1 and 13 through 15 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Report on Other Legal and Regulatory Requirements

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In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated October 29, 2015 on our consideration of Waubonsie Mental Health Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, and contracts. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and important for assessing the results of our audit.

Atlantic, Iowa October 29, 2015

WAUBONSIE MENTAL HEALTH CENTER Statements of Financial Position June 30,

<u>ASSETS</u>

		2014		2013
Current Assets: Cash Certificates of deposit Client receivables, less allowances for doubtful accounts and contractual adjustments (\$123,000 in 2014 and \$152,000	\$	738,876 503,182	\$	317,840 499,984
in 2013) Other receivables Estimated third-party payor settlements Prepaid expense Total current assets		120,664 4,124 410,000 868 1,777,714	:	157,923 18,801 550,000 774 1,545,322
Property and Equipment, Net		118,358		47,093
Other Assets	_	2,200		
Total assets	\$	1,898,272	<u>\$</u>	1,592,415
LIABILITIES AND NET ASS	ETS			
Current Liabilities: Accounts payable Accrued employee compensation Deferred grant revenue Total current liabilities	\$	21,778 77,394 60,679 159,851	\$	2,239 67,534 69,773
Net Assets: Unrestricted	_	1,738,421	-	1,522,642
Total liabilities and net assets	\$	1,898,272	\$	1,592,415

The accompanying notes are an integral part of these statements.

WAUBONSIE MENTAL HEALTH CENTER Statements of Activities and Changes in Net Assets Year ended June 30,

	2014	2013
Support and Revenue: Support: Support from participating counties Grants Total support	$\begin{array}{r} \$ & 60,862 \\ \underline{ 4,858} \\ \hline 65,720 \end{array}$	\$ 64,277 79,677 143,954
Revenue: Client fees, net Other revenue Total revenue Total Support and Revenue	1,564,704 16,961 1,581,665 1,647,385	1,432,593 12,438 1,445,031 1,588,985
Expenses: Operating expenses Provision for depreciation Total expenses Operating Income	$ \begin{array}{r} 1,403,421 \\ $	1,402,062 15,772 1,417,834 171,151
Other Support and Gains: Interest income Contributions Other support and gains	4,010 155 4,165	5,221 500 5,721
Increase in Unrestricted Net Assets	215,779	176,872
Net Assets, Beginning of Year	1,522,642	1,345,770
Net Assets, End of Year	\$ 1,738,421	\$ 1,522,642

The accompanying notes are an integral part of these statements.

WAUBONSIE MENTAL HEALTH CENTER Statements of Cash Flows Year ended June 30,

	-	2014	,	2013
Cash flows from operating activities: Cash received from clients, third party payors, and contracting agencies Cash paid to suppliers and employees County support received	\$ (1,741,963 1,376,316) 60,862	\$	1,270,275 1,417,102) 64,277
Grants received Interest income Contributions received		71,235 4,010 155		100,959 5,221 500
Other operating revenue Net cash provided by operating activities	_	25,940 527,849	_	12,438 36,568
Cash flows from investing activities: Capital expenditures Additions to certificates of deposit Net cash used in investing activities	(103,615) 3,198) 106,813)		4,500) 4,500)
Net increase in cash		421,036		32,068
Cash beginning of year	-	317,840		285,772
Cash end of year	\$	738,876	\$	317,840

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WAUBONSIE MENTAL HEALTH CENTER Statements of Cash Flows - Continued Year ended June 30,

	_	2014		2013
Reconciliation of change in net assets to net cash provided by operating activities: Change in net assets Adjustments to reconcile change in net assets to net cash provided by operating activities	\$	215,779	\$	176,872
Provision for depreciating activities Provision for depreciation Other receivable write-offs Change in assets and liabilities		32,350 8,979		15,772
Accounts receivable Prepaid expense Accounts payable Accrued employee compensation Deferred grant revenue	(182,957 94) 17,339 9,860 60,679	((()	141,036) 123) 14,793) 124)
Total adjustments Net cash provided by operating activities	\$	312,070 527,849	\$	140,304) 36,568

The accompanying notes are an integral part of these statements.

NOTE A - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Nature of Activities

The Waubonsie Mental Health Center is an Iowa not-for-profit corporation operating under Chapter 230A of the Code of Iowa and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Center is established to provide a comprehensive community mental health program for the diagnosis and treatment of psychiatric and psychological disorders and to promote the prevention of mental illness. The Board includes a representative from the County Board of Supervisors of each of the three counties in the service area (Fremont, Montgomery and Page counties). Each of these members serve an annual term. The six remaining members of the Board of Directors serve three year terms and are selected by the existing Board.

2. Basis of Accounting and Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned and expenses are recorded when the liability is incurred. Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Client Receivables

Client receivables are shown at the amount expected to be collected from clients and other third-party payors. The allowance for doubtful accounts is based on an aging of all the individual client balances. The allowance for contractual adjustments is based on the difference between the Center's normal fees and expected government program and insurance payments.

NOTE A - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

5. Unrestricted Revenues and Support

- a. Fees from clients are recorded at list price with adjustments based upon ability to pay and government program and insurance limitations deducted to arrive at net fees from clients. Medicaid services are reimbursed based on a cost reimbursement methodology. The Center is reimbursed for these services at a tentative rate with a final settlement determined after submission and review of an annual cost report. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- b. Fees from participating counties are based on the Center's annual budget and are allocated among the counties based on their relative usages and populations.
- c. Grant revenues are for specific programs provided by the Center and are recognized as income when grant requirements have been satisfied.

6. Property and Equipment

Property and equipment is stated at cost. The Center computes depreciation on equipment and vehicles using the straight-line method. Lives range from five to ten years for equipment and leasehold improvements and five years for vehicles.

7. Capital Leases

Leases which meet certain criteria are classified as capital leases, and assets and liabilities are recorded at amounts equal to the lesser of the present value of the minimum lease payments or the fair value of the leased properties at the beginning of the respective lease terms. Such assets are amortized evenly over the related lease terms or their economic lives with the amortization expense being included in the provision for depreciation. Interest expense relating to the lease liabilities is recorded to effect constant rates of interest over the terms of the leases.

8. Charity Care

The Center provides care to clients who meet certain criteria under its charity care policy at amounts less than its regular rates. Revenue from services to these clients is recorded as indicated in 5. above. These reductions are recorded as adjustments to fees from clients.

NOTE A - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

9. Cash and Cash Equivalents

For purposes of the statement of cash flows, the Center considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

A summary of the payment arrangements with major third-party payors follows:

Medicaid - Certain services are paid based on a cost reimbursement methodology. The Center is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits thereof by the fiscal intermediary. The Center's Medicaid cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2013. However, finalized cost reports are subject to re-opening by the intermediary.

The Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

NOTE C - PROPERTY AND EQUIPMENT

The cost and related accumulated depreciation by major category at June 30 are as follows:

	·	2014	2013
Automobiles Office Equipment and Leasehold Improvements Less Accumulated Depreciation	\$:===== ::=====	72,999 298,521 371,520 253,162	\$ 72,999 194,906 267,905 220,812
	\$	118,358	\$ 47,093

Rent expense for office space and transitional living program housing under cancelable operating leases totaled \$45,357 for the year ended June 30, 2014 (\$47,441 for June 30, 2013).

NOTE D - FUNCTIONAL EXPENSES

Following is a summary of expenses classified by function:

	-	2014	-	2013
Client Services Management and General	\$	1,272,203 163,568	\$	1,285,456 132,378
	<u>\$</u>	1,435,771	\$	1,417,834

NOTE E - RETIREMENT PLAN

The Center offers a 403(b) retirement plan in which the Center contributes five percent of an eligible individual's gross wages, limited to \$40,000, to the plan. All full-time staff with two months of employment and who are over eighteen years of age are included in the plan. Total contributions made by the Center for the year ended June 30, 2014 were \$31,312 (\$31,345 for 2013).

NOTE F - CONTINGENCIES

Risk Management

The Center is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. Waubonsie Mental Health Center is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage for the past three years.

Economic Dependency

The Center received approximately 20 percent of its total support and revenue from Fremont, Montgomery and Page counties in 2014 (21 percent in 2013).

Subsequent Events

The Center purchased a building to house its operations in October, 2014 for approximately \$220,000. This purchase was funded with internally generated funds.

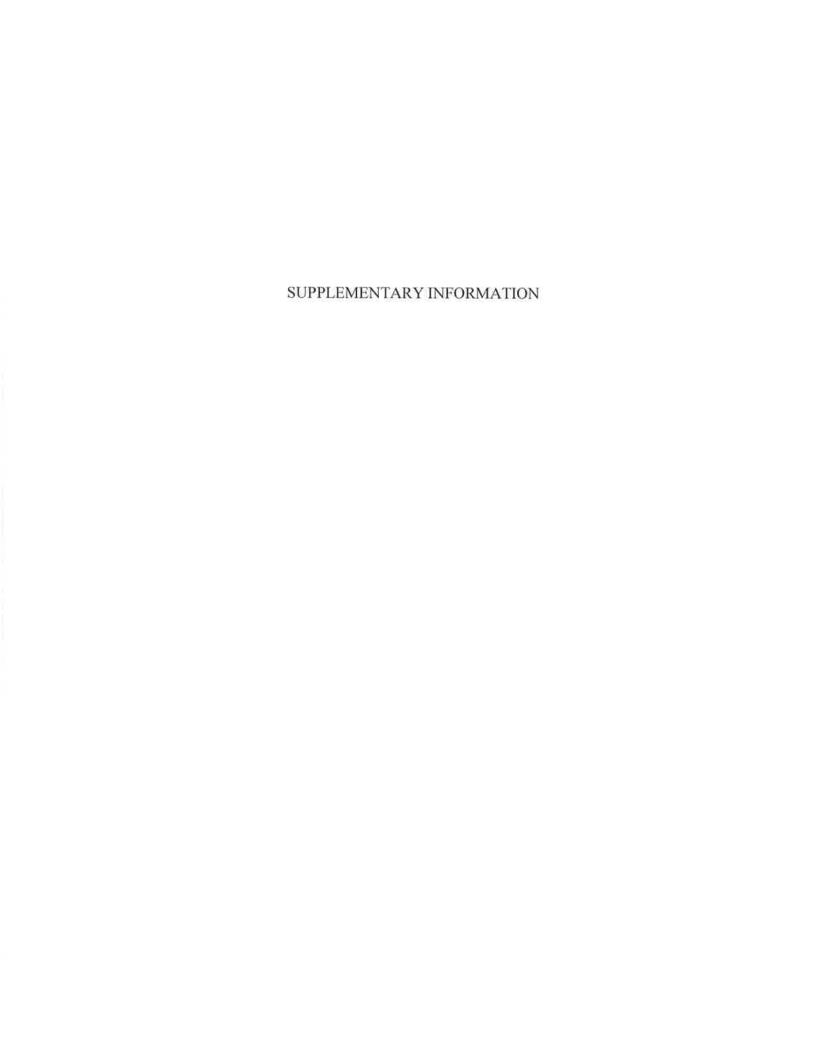
The Center has evaluated all subsequent events through October 29, 2015, the date the financial statements were available to be issued.

NOTE G - CONCENTRATION OF CREDIT RISK

The Center grants credit without collateral to its clients, most of whom are area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2014 and 2013, was as follows:

	2014	2013
Medicare/Medicaid Other third-party payors and patients	57% 43	13% 87
	100%	100%

* * *



WAUBONSIE MENTAL HEALTH CENTER Revenues and Support Year ended June 30,

Client Fees	2014	2013
Self Pay and 3rd Party Insurance Title XIX Counties	\$ 541,714 862,976 276,180	\$ 754,256 907,686 271,653
Gross Client Fees	1,680,870	1,933,595
Less: Contractual Adjustments Provision for bad debts Net Client Fees	115,966 200 116,166 \$ 1,564,704	500,802 200 501,002 \$ 1,432,593
Support from Participating Counties		
Fremont Montgomery Page	\$ 7,500 21,275 32,087	\$ 7,500 26,275 30,502
	\$ 60,862	\$ 64,277

WAUBONSIE MENTAL HEALTH CENTER Operating Expenses Year ended June 30,

	-	2014	_	2013
General Operating:				
Administrative salaries	\$	35,886	\$	26,361
Therapists salaries	Ψ	492,712	Ψ	453,702
Clerical salaries		175,480		181,636
Psychiatric consultation		247,640		249,730
Employee benefits		128,270		122,534
Payroll tax expense		58,737		56,693
Audit, accounting, and legal fees		13,298		11,248
Other professional fees		41,031		29,149
Office supplies		30,094		16,946
CSP program expenses		2,495		2,008
Telephone		4,703		10,380
Emergency communication		4,296		3,538
Postage and shipping		4,941		6,863
Rent expense		34,432		34,724
Building repairs and maintenance		2,230		2,665
Insurance expense		15,403		16,935
Utilities		537		1,467
Travel expense		19,602		18,303
Agency vehicle expense		9,759		6,867
Staff development and training		2,322		5,292
Subscriptions		13		660
Organization dues		1,610		585
Equipment repairs and maintenance		2,656		3,330
Advertising		5,185		4,261
Medication expense		341		202
Miscellaneous		1,220		1,773
		1,334,893		1,267,852
Community Mental Health Services Grant - Adults:				
Salaries				9,278
Employee benefits				2,186
1 4				11,464

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WAUBONSIE MENTAL HEALTH CENTER Operating Expenses - Continued Year ended June 30,

	2014	2013
Recovery Project: Salaries Employee benefits Travel expense Other expense	\$ 	\$ 56,342 5,222 6,028 646 68,238
Peer Support Services: Salaries Employee benefits Travel expense Other expense	24,677 3,059 590 27,005 55,331	22,701 2,866 446 12,163 38,176
Transitional Living Program: Housing Other expense	10,925 2,272 13,197 \$ 1,403,421	12,717 3,615 16,332 \$ 1,402,062



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Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Directors Waubonsie Mental Health Center Clarinda, Iowa

We have audited the financial statements of Waubonsie Mental Health Center as of and for the year ended June 30, 2014, and have issued our report thereon dated October 29, 2015. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Waubonsie Mental Health Center's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Waubonsie Mental Health Center's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses, and, therefore, there can be no assurance all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility a material misstatement of the Center's financial statements will not be prevented or detected and corrected on a timely basis.

To the Board of Directors Waubonsie Mental Health Center

A significant deficiency is a deficiency or combination of deficiencies in internal control which is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in Part I of the accompanying Schedule of Findings as item 14-I-A to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Waubonsie Mental Health Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations and contracts, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing</u> Standards.

Response to Finding

Waubonsie Mental Health Center's response to the finding identified in our audit is described in the accompanying Schedule of Findings. While we have expressed our conclusion on the Center's response, we did not audit the Center's response and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing and not to provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> in considering the Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

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Atlantic, Iowa October 29, 2015

WAUBONSIE MENTAL HEALTH CENTER Schedule of Findings Year ended June 30, 2014

PART I - SIGNIFICANT DEFICIENCIES

<u>14-I-A Segregation of Duties</u>: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Center. This deficiency is common among most small organizations.

Recommendation: We recognize that it may not be economically feasible for the Center to employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

<u>Response</u>: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Center to employ additional personnel for this reason. The Board will continue to act as an oversight group.

Conclusion: Response accepted.

* * *